

Resolution on Drug Abuse Treatment to Prevent HIV among Injecting Drug Users

Passed by the Council of Representatives on 2/2006

WHEREAS the primary routes of HIV transmission among injection drug users (IDUs) is the sharing of contaminated injection equipment and unprotected sex; and

WHEREAS the HIV and hepatitis C epidemics and injection drug use are inextricably linked in American society; and

WHEREAS injection drug use is associated with one-half of hepatitis C cases and almost one-third of all AIDS cases both through direct transmission through shared needles and indirect transmission through sex with HIV-infected injecting drug users (CDC, 2002 and 2002a); and

WHEREAS one million active users of injection drugs live in the United States (CDC, 2002b); and

WHEREAS only a fraction of people who need substance abuse treatment are able to obtain it through public agencies (CDC, 2002b); and

WHEREAS infected injection drug users (IDUs) transmit HIV through the sharing of contaminated syringes and other drug injection equipment (CDC, 2002a); and

WHEREAS injection drug users inject approximately 1000 times per year (Lurie, Jones, and Foley, 1998); and

WHEREAS drug maintenance treatment including methadone maintenance therapy (MMT) and treatment with buprenorphine have been shown to reduce heroin use and drug-related HIV risk behaviors (Sees, Delucchi, Masson et al., 2000; Reynaud-Maurupt et al., 2000; Stock & Shum, 2004; Thiede, Hagan, and Murrill, 2000); and

WHEREAS participation in MMT is associated with a reduction in the number of sexual partners and a reduction in the number of high-risk partners (Sorensen and Copeland, 2000); and

WHEREAS participation in MMT is associated with an increase in the use of condoms (Lollis, Strothers, Chitwood et al., 2000), and

WHEREAS participation in MMT enhanced with harm reduction group therapy is associated with higher rates of abstinence from cocaine and fewer unsafe sexual practices (Avants et al., 2004), and

WHEREAS participation in MMT or buprenorphine treatment are both associated with reduced HIV risk behaviors (Mattick, Ali, White, O'Brien, Wolk, & Danz, 2003), and

WHEREAS participation in MMT (Hartel & Schoenbaum, 1998) or buprenorphine treatment is associated with lower rates of HIV infection (Reynaud-Maurupt et al., 2000; Sorensen and Copeland, 2000), and

WHEREAS participation in MMT provided in primary care settings results in similar HIV risk reduction outcomes as participation in traditional MMT settings (Keen et al., 2003), and

WHEREAS drug-free treatments including long-term residential, intensive outpatient, and short-term inpatient treatment for cocaine, alcohol, and polydrug use are associated with significant reductions in drug use and injection risks that lead to the transmission of HIV (Avin, 1997, Gottheil 1998; Hubbard, 1997; Longshore, 1998; McCusker, 1994; 1998; Sorensen and Copeland, 2000), and some of these drug-free treatments also reduce sexual risk behaviors; and

WHEREAS methadone treatment programs and providers are required to undergo an accreditation and review process that is costly in terms of compliance oversight and funds, and may discourage smaller treatment programs from applying to provide MMT (Department of Health and Human Services, 2001); and

WHEREAS the Drug Abuse Treatment Act of 2000 allows any physician choosing to take a short specialty training course and become certified to prescribe buprenorphine in an office setting, yet few have done so due to financing and services delivery barriers (West et al., 2004); and

WHEREAS access to drug treatment including opioid maintenance is particularly difficult in rural areas (Deck & Carlson, 2004) but in general, the availability of drug maintenance treatments for injection drug users is inadequate and discouraged by regulatory requirements;

THEREFORE BE IT RESOLVED that the American Psychological Association (APA) actively supports and promotes an increase in accessible, available drug treatment for IDUs in traditional substance abuse, mental health, correctional, educational, and medical care settings in both rural and urban areas to prevent the spread of HIV, hepatitis C, and other contagious diseases.

MOREOVER,

Given that psychologists have many areas of relevant practice competence, including assessment, intervention, and prevention skills, that could and should inform the discourse about HIV prevention and substance abuse treatment for IDUs and their significant others; and

Given that psychologists' training in research makes them especially well-qualified to assist policy-makers in making informed judgments based on the best available science;

LET IT BE FURTHER RESOLVED THAT THE APA:

Encourages state governments, Congress, and the executive branch to promote public policies and revise regulations and provide increased training to potential providers to increase available drug treatment for HIV prevention in a variety of settings, and

Promotes increased funding for HIV prevention research that includes drug treatment provided in traditional substance abuse, mental health, correctional, educational, and medical care settings; and

Supports training in HIV prevention interventions, including addiction treatment for injection drug users, within psychology training programs at all levels; and

Promotes and facilitates psychologists' acquisition of competencies in addiction treatment strategies that decrease transmission of HIV infection among injection drug users that are culturally responsive and gender appropriate, including mastery of the literature on treatment of injection drug users and familiarity with effective interventions that are employed to address this problem; and

Encourages psychologists to develop multi-cultural competencies that address the issues of sub-groups of individuals, including various racial, ethnic, and gender groups who use and inject drugs; and

Advocates for reimbursement of psychologists for provision of drug treatment interventions that decrease drug-related HIV risk behavior among IDUs; and

Supports psychologists as they engage in interdisciplinary and international efforts involving other health, mental health, and substance abuse professionals who seek to enhance understanding and treatment of drug dependence and sexual risk behaviors.

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